RECEIVED/FILED

Debtor 1	Victoria	Irene	Seaman	
Deptor 1	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing	) First Name	Middle Name	Last Name	
United States	Bankruptcy Court	for the: District of South	n Dakota	-
Case number	21-40066			
Caccambor	(If known)			

## APR 0 5 2021

CLERK
U.S. BANKRUPTCY COURT
DISTRICT OF SOUTH DAKOTA

Check if this is an
amended filing

12/15

## Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	Your ass Value of	sets what you own
Schedule A/B: Property (Official Form 106A/B)	•	0.00
1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$_	8,584.40
1c. Copy line 63, Total of all property on Schedule A/B	s	8,584.40
rt 2: Summarize Your Liabilities		
	57	
	Your lia Amount	you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	s	0.00
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	<b>-</b>	
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	¢	0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	Φ_	0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$_	162,204.44
Your total liabilities	\$_	162,204.4
rt 3: Summarize Your Income and Expenses		
Summarize Four moonie and axpenses		
Schedule I: Your Income (Official Form 106I)	•	4,608.00
Copy your combined monthly income from line 12 of Schedule I	\$	1,000.00
Schedule J: Your Expenses (Official Form 106J)	540	5,869.00
Copy your monthly expenses from line 22c of Schedule J	\$	5,009.00

Debtor 1		Victoria	Irene	Seaman	Cas	se number (# known) 21-40066				
First Name Middle Name Last Name		Last Name								
Pa	rt 4:	Answer The	ese Questions fo	r Administrative and Sta	tistical Records					
6.	Are you	u filing for bar	kruptcy under Cha	pters 7, 11, or 13?			P ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (			
	□ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  ☑ Yes									
7.	What kind of debt do you have?									
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.									
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.									
8.	From ti Form 1	he Statement 22A-1 Line 11;	of Your Current Mo OR, Form 122B Lin	onthly income: Copy your totale 11; OR, Form 122C-1 Line	al current monthly inc 14.	come from Official	ş4,664.00			
9.	9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:  Total claim									
	From		nedule E/F, copy th	a following.		de Caracian				
	9a. Dor	mestic support	obligations (Copy lin	ne 6a.)		\$0.00	-			
	9b. Tax	es and certain	other debts you ow	e the government. (Copy line	6b.)	\$	_			
	9c. Cla	ims for death o	or personal injury wh	ile you were intoxicated. (Cop	y line 6c.)	\$	) -			
	9d. Stu	ident loans. (C	opy line 6f.)			\$90,360.28	3			
	9e. Obl	ligations arising ority claims. (C	g out of a separation opy line 6g.)	agreement or divorce that yo	u did not report as	\$	<u>-</u>			
	9f. Del	bts to pension	or profit-sharing plan	ns, and other similar debts. (C	opy line 6h.)	+ \$0.00	<u>.</u>			
	9g. <b>To</b> f	tal. Add lines 9	a through 9f.			\$ 90,360.28	<u>B</u>			

RECEIVED/FILED

Debtor 1	Victoria	Irene	Seaman
Debior 1	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing	j) First Name	Middle Name	Last Name
United States	Bankruptcy Court	for the: District of South	Dakota
O	21-40066		
Case number	21-40066		

APR 0 5 2021

CLERK
U.S. BANKRUPTCY COURT
DISTRICT OF SOUTH DAKOTA

☐ Check if this is an amended filing

#### Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Do any creditors have priority unsecured claims	s against you?			
No. Go to Part 2.				
Yes.				
List all of your priority unsecured claims. If a creach claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the cunsecured claims, fill out the Continuation Page of	editor has more than one priority unsecured claim, list that a claim has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's national Part 1. If more than one creditor holds a particular claim	at claim here a ame. If you hav	nd show both e more than t	priority and wo priority
(For an explanation of each type of claim, see the in	nstructions for this form in the instruction booklet.)	and the second second second		
		Total claim	Priority	Nonpriorit
			amount	amount
,		e	•	•
Priority Creditor's Name	Last 4 digits of account number	Φ	_ Ψ	_ 4
Phoney Greditor's Name	When was the debt incurred?			
Number Street	When was the dept incurred:			
Tulinos Stock	A			
	As of the date you file, the claim is: Check all that apply			
City State ZIP Code	Contingent			
Who incurred the debt? Check one.	Unliquidated			
Debtor 1 only	☐ Disputed			
Debtor 2 only	Type of PRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only				
At least one of the debtors and another	Domestic support obligations			
	☐ Taxes and certain other debts you owe the government			
☐ Check if this claim is for a community debt	Claims for death or personal injury while you were			
Is the claim subject to offset?	intoxicated			
☐ No	Other. Specify			
Yes		CONTRACTOR AND CONTRACTOR OF THE CONTRACTOR AND THE CONTRACTOR OF		
	Last 4 digits of account number	\$	S	\$
Priority Creditor's Name		Ψ		
	When was the debt incurred?			
Number Street	As of the date you file, the claim is: Check all that apply			
	Page 1			
	Contingent			
City State ZIP Code	Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated			
Is the claim subject to offset?	Other. Specify			
□ No				
D Yes				

Debto	or1	Victoria First Name Middle	lrene	Last Name	Seaman	Case number (# known) 21-40066		
Pari	t 2: L	ist All of Your N	ONPRIOR	ITY Uns	ecured Claim	s		
4. L	No. Y Yes ist all of conpriorit	your nonpriority y unsecured claim, in Part 1. If more the	report in this unsecured list the cred an one credi	part. Sub claims in itor separa tor holds a	mit this form to t the alphabetica itely for each cla a particular claim	he court with your other schedules.  I order of the creditor who holds each claim. If a creditor has im. For each claim listed, identify what type of claim it is. Do not, list the other creditors in Part 3.If you have more than three nor	list clai	ims already
4.1	Avant,	, LLC y Creditor's Name		<del>-</del>		Last 4 digits of account number 6 7 7 8 When was the debt incurred? 08/18/2015	\$	4,784.06
	P.O. E	Box 2529 Street	_			When was the debt incurred? U8/18/2015		
des manus de mar de partir des	Who inc Debt Debt At let	leyers curred the debt? Ch	eck one. / and another or a commun	FL State	33902 ZIP Code	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts other. Specify Private Loan		
4.2	Nonpriorit	of America y Creditor's Name Box 17054				Last 4 digits of account number 1 4 8 1 When was the debt incurred? 10/01/2014	\$	12,181.00
eren eren eren eren eren eren eren eren	Debt Debt At le	Street ngton curred the debt? Che for 1 only for 2 only for 1 and Debtor 2 only fast one of the debtors ck if this claim is for	eck one.	DE State	19884 ZIP Code	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card / Consumer Debt		
4.3	Nonpriorit	al One Bank US y Creditor's Name Box 85520 Street	SA N.A.			Last 4 digits of account number2626 When was the debt incurred?03/01/2018	\$	1,773.00
Andrewsky specimens are not as the state of	Richn City Who inc Debt Debt Debt At le		y and another or a commun	VA State	23285 ZIP Code	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card / Consumer Debt	š	

Debtor		Irene	Seaman	Case number (if known) 21-40066	
Part			ed Claims — Continu	ation Page	
	listing any entries o			4.4, followed by 4.5; and so forth.	. Total claim
4.4	Citicards CBNA			Last 4 digits of account number 0 7 2 5	\$_2,201.00
	Nonpriority Creditor's Name P.O. Box 6241			When was the debt incurred? 04/01/2014	
1	Number Street			As of the date you file, the claim is: Check all that apply.	
7	Sioux Falls  City  Who incurred the debt	SE State		Contingent Unliquidated	
	Debtor 1 only	ir oneck one.		☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 At least one of the de	btors and another	John d	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	is the claim subject to	•	1601	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit Card/ Consumer Debt	
	☑ No ☐ Yes	<b>U</b> IISUN		Unier. Specify Disease Control Control	
4.5	Citibank, NA			Last 4 digits of account number 5 4 3 6	\$ <u>3,593.35</u>
	Nonpriority Creditor's Name			When was the debt incurred? 10/01/2016	
	P.O. Box 790040 Number Street			<u> </u>	
	St. Louis	M		As of the date you file, the claim is: Check all that apply.	
	City	State	a ZIP Code	☐ Contingent☐ Unliquidated	
	Who incurred the debt	t? Check one.		☐ Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
٠.	Debtor 1 and Debtor	•		☐ Student loans	
	At least one of the de			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	☐ Check if this claim		debt	Debts to pension or profit-sharing plans, and other similar debts	
ł	ls the claim subject to  No	offset?		Other. Specify Credit Card/Consumer Debt	
	Yes				
4.6				Last 4 digits of account number 0 4 3 9	<sub>\$</sub> 3,219.25
	Discover Bank Nonpriority Creditor's Name			_	•
	P.O. Box 3025			When was the debt incurred? 08/01/2014	
	Number Street New Albany	0	H 43054	As of the date you file, the claim is: Check all that apply.	
	City	Stati		Contingent	
	Who incurred the deb	t? Check one.		☐ Unliquidated☐ Disputed	
	Debtor 1 only			·	
	Debtor 2 only Debtor 1 and Debtor	2 only		Type of NONPRIORITY unsecured claim:	
}	☐ Debtor 1 and Debtor☐  At least one of the de			<ul> <li>☐ Student loans</li> <li>☐ Obligations arising out of a separation agreement or divorce that</li> </ul>	
	☐ Check if this claim	is for a community	debt	you did not report as priority claims	
	Is the claim subject to	146		<ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify Credit card/Consumer Debt</li> </ul>	
-	☑ No □ Yes			,	

Case: 21-40066 Document: 14 Filed: 04/05/21 Page 6 of 40

Case number (if known) 21-40066 Victoria Irene Seaman Debtor 1 Middle Nam Last Name Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim Jan Garage 4.7 Last 4 digits of account number 0 5 6s 13,272.11 HSBC Bank Nevada NA /Capital One Bank USA NA Nonoriority Creditor's Name 01/01/2014 When was the debt incurred? P.O. Box 60599 Number Street As of the date you file, the claim is: Check all that apply. 91716 CA Cit of Industry State ZIP Code ☐ Contingent ■ Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans ☐ At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card/ Consumer Debt Is the claim subject to offset? M No ☐ Yes 4.8 Last 4 digits of account number 4 96s 1.068.96 JP Morgan Chase Bank N.A. Nonpriority Creditor's Name 01/01/2016 When was the debt incurred? P.O. Box 15369 Number As of the date you file, the claim is: Check all that apply. Wilmington DE 19850 ZIP Code ☐ Contingent Unliquidated Who incurred the debt? Check one. □ Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only □ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other Specify Credit Card/ Consumer Debt M No ☐ Yes \$ 3,837.09 4.9 Last 4 digits of account number 7 1 0 0 PayPal Credit Nonpriority Creditor's Name When was the debt incurred? P.O. Box 960006 Street As of the date you file, the claim is: Check all that apply. 32896 Orlando State ZIP Code Contingent Untiquidated Who incurred the debt? Check one. □ Disputed ■ Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only □ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? ☑ Other, Specify Credit / Consumer debt M No ☐ Yes

Case: 21-40066 Document: 14 Filed: 04/05/21 Page 7 of 40

21-40066 Seaman Victoria Irene Case number (# known) Debtor 1 Last Name Your NONPRIORITY Unsecured Claims — Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim Water Street M. Angles . 4.10 Last 4 digits of account number  $\underline{P} \ \underline{H} \ \underline{E} \ \underline{A}$ § 9,628.22 National Collegiate Student Loan Trust / Bank of America Nonpriority Creditor's Name 01/26/2004 When was the debt incurred? 1100 N Market St Number Street As of the date you file, the claim is: Check all that apply. DE 19890 Wilmington State ZIP Code Contingent ■ Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ✓ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other. Specify Private Student Loan Is the claim subject to offset? M No ☐ Yes 4.11 s 18,444.42 Last 4 digits of account number P H E A National Collegiate Student Loan Trust / Bank of America Nonpriority Creditor's Name 06/22/2004 When was the debt incurred? 1100 N Market St Number Street As of the date you file, the claim is: Check all that apply. Wilmington DE 19890 State ZIP Code ☐ Contingent ■ Unliquidated Who incurred the debt? Check one. □ Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other. Specify Private Student Loan Is the claim subject to offset? M No ☐ Yes 4.12 s 15,454.08 Last 4 digits of account number P H E A National Collegiate Student Loan Trust / Bank of America Nonpriority Creditor's Name 08/07/2006 When was the debt incurred? 1100 N Market St Number Street As of the date you file, the claim is: Check all that apply. Wilmington DE 19890 7IP Code Contingent ☐ Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? other, Specify Private Student Loan ✓ No Yes

Case number (if known) 21-40066 Victoria Irene Seaman Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: **Total claim** After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Last 4 digits of account number P H E A 4.13 \$ 12,620.56 National Collegiate Student Loan Trust / Bank of America Nonpriority Creditor's Name 02/09/2007 When was the debt incurred? 1100 N Market St Number As of the date you file, the claim is: Check all that apply. DE 19890 Wilmington ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only M Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Private Student Loans Is the claim subject to offset? M No ☐ Yes 4.14 Last 4 digits of account number 0 7 0 6 \$ 7,957.00 Navient Nonpriority Creditor's Name 07/01/2005 When was the debt incurred? 5125 Adanson St Suite 100 Number As of the date you file, the claim is: Check all that apply. 32804 Orlando ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify M No ☐ Yes \$ 3,526.00 4.15 Last 4 digits of account number 0 7 1 4 Navient Nonpriority Creditor's Name 07/01/2006 When was the debt incurred? 5125 Adanson St Suite 100 Number As of the date you file, the claim is: Check all that apply. Orlando 32804 ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify No No Yes

Debto	r 1 Victoria	Irene Middle Name	Seama	<u>n</u>	Case number (# known) 21-40066	
Pari				aims — Continu	uation Page	
Afte		s on this page,		n beginning with	4.4 followed by 4.5, and so forth.	Total claim
4.16	Navient				Last 4 digits of account number 3 6 0 7	\$13,075.00
	Nonpriority Creditor's Nar 5125 Adanson			-	When was the debt incurred? 06/01/2009	
	Number Street	<u> </u>		32804	As of the date you file, the claim is: Check all that apply.	
	Orlando  City  Who incurred the d  Debtor 1 only  Debtor 2 only  Debtor 1 and Deb	tor 2 only	FL State	325U4 ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim:  ☑ Student loans	٠
	_	debtors and anoth			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	☐ Check if this claims ubjec ☐ No ☐ Yes		nunity debt		Debts to pension or profit-sharing plans, and other similar debts  Other. Specify	
4.17	TBOM / Milesto Nonpriority Creditor's Nan P.O. Box 4477		Card Servi	ces	Last 4 digits of account number 2 4 3 3  When was the debt incurred? 06/11/2019	\$ <u>619.46</u>
	Number Street Beaverton		OR	97076	As of the date you file, the claim is: Check all that apply.	
	City		State	ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the c Debtor 1 only Debtor 2 only Debtor 1 and Deb At least one of the Check if this cla Is the claim subject No Yes	otor 2 only e debtors and anoth			<ul> <li>□ Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>□ Student loans</li> <li>□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☑ Other. Specify Credit Card / Consumer Debt</li> </ul>	
4.18	Thomas A. Bla	ko			Last 4 digits of account number N / A	\$322.88
	Nonpriority Creditor's Na	me			When was the debt incurred? 11/15/2019	
	505 West Ninth Number Street Sioux Falls City	n St	SD State	57104 ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Who incurred the company Debtor 1 only Debtor 2 only Debtor 1 and Debtor 1 and Debtor 1 and Debtor 1 are company Debtor 1 on the Check if this claim subject No Yes	otor 2 only e debtors and anot aim is for a comi		α,	<ul> <li>Unliquidated</li> <li>Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>✓ Other. Specify Fee</li> </ul>	

Case: 21-40066 Document: 14 Filed: 04/05/21 Page 10 of 40

Case number (# known) 21-40066 Seaman Victoria Irene Debtor 1 Last Name Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim The state of the s 4.19 Last 4 digits of account number 2 6 3 2 £ 15,317.00 USAA Savings Bank Nonpriority Creditor's Name 01/01/2016 When was the debt incurred? P.O. Box 47504 Number As of the date you file, the claim is: Check all that apply. TX 78265 San Antonio State ZIP Code □ Contingent ☐ Unliquidated Who incurred the debt? Check one. ■ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans ☐ At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts other. Specify Credit Card/ Consumer Debt Is the claim subject to offset? M No Yes 4.20 Last 4 digits of account number 8 5 8 1 s 9,655.00 US Dept of Ed/Glelsi Nonpriority Creditor's Name 03/01/2018 When was the debt incurred? P.O. Box 7860 2401 International Ln. Number As of the date you file, the claim is: Check all that apply. Madison WI 53704 State Contingent ZIP Code Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other, Specify ☑ No ☐ Yes 4.21 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. State ZIP Code ☐ Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only □ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other, Specify\_ ☐ No Yes

Debtor 1

Victoria

Irene

Seaman

Case number (Finom) 21-40066

Part 3: List Others to Be Notified About a Debt That You Already Listed

example, if a collection agence 2, then list the collection agen	y is trying to ncy here. Sin	o collect from yo nilarly, if you have	your bankruptcy, for a debt that you already listed in Parts 1 or 2. For ou for a debt you owe to someone else, list the original creditor in Parts 1 or emore than one creditor for any of the debts that you listed in Parts 1 or 2, list the ons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
American Educaiton Se	rvices		On which entry in Part 1 or Part 2 did you list the original creditor?
P.O. Box 61047			Line 4.10 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
Harrisburg	PA State	17105 ZIP Code	Last 4 digits of account number P H E A
American Education Se	rvices		On which entry in Part 1 or Part 2 did you list the original creditor?
P.O. Box 61047			Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
Harrisburg City	PA State	17105 ZIP Code	Last 4 digits of account number P H E A
American Education Se	rvices	· · · · · · · · · · · · · · · · · · ·	On which entry in Part 1 or Part 2 did you list the original creditor?
P.O. Box 61047			Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
Harrisburg	PA State	17105	Last 4 digits of account number P H E A
American Education Se		ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor?
Name			
P.O. Box 61047 Number Street			Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured
			Claims
Harrisburg City	PA State	17105 ZIP Code	Last 4 digits of account number P H E A
American Coradius Inte	mational, L	LC	On which entry in Part 1 or Part 2 did you list the original creditor?
2420 Sweet Home Rd			Line 4.9 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street STE 150			☑ Part 2: Creditors with Nonpriority Unsecured Claims
Amherst	NY	14228	
City	State	ZIP Code	Last 4 digits of account number 7 1 0 0
Cawley & Bergmann, LL	.C	<del></del>	On which entry in Part 1 or Part 2 did you list the original creditor?
550 Broad St			Line 4.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street STE 1001			☑ Part 2: Creditors with Nonpriority Unsecured Claims
Newark City	NJ State	07102 ZIP Code	Last 4 digits of account number 6 7 7 8
Cuzco Capital			On which entry in Part 1 or Part 2 did you list the original creditor?
11601 Biscayne Blvd.			Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street STE 306			Part 2: Creditors with Nonpriority Unsecured
North Miami	FL	33181	Claims
City	State	ZIP Code	Last 4 digits of account number 2 4 3 3

Debtor 1

Victoria

Irene

Seaman

Case number (#known) 21-40066

Part 3: List Others to Be Notified About a Debt That You Already Listed

example, if a collection agency i 2, then list the collection agency	s trying to here. Sim	collect from you	your bankruptcy, for a debt that you already listed in Parts 1 or 2. For ou for a debt you owe to someone else, list the original creditor in Parts 1 or e more than one creditor for any of the debts that you listed in Parts 1 or 2, list the ons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
JHPDE Finance I, LLC			On which entry in Part 1 or Part 2 did you list the original creditor?
5757 Phantom Drive			Line 4.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			☑ Part 2; Creditors with Nonpriority Unsecured Claims
STE 250			
Hazelwood	MO State	63042 ZIP Code	Last 4 digits of account number 6 7 7 8
Messerli & Kramer PA		<del>ar Tarantalajan a. j. C. di Platerray a and</del> "ajir ya j <b>ilijilija</b> jaja" are ya siyaya jajat, ye 	On which entry in Part 1 or Part 2 did you list the original creditor?
3033 Campus Drive			Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
STE 250			☑ Part 2: Creditors with Nonpriority Unsecured Claims
Plymouth City	MN State	55441 ZIP Code	Last 4 digits of account number 1 4 8 1
MRS BPO LLC			On which entry in Part 1 or Part 2 did you list the original creditor?
1930 Olney Avenue			Line 4.8 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			☑ Part 2: Creditors with Nonpriority Unsecured Claims
Cherry Hill	NJ State	08003 ZIP Code	Last 4 digits of account number 4 9 6 4
MRS BPO LLC	-		On which entry in Part 1 or Part 2 did you list the original creditor?
1930 Olney Avenue			Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Minings 2 peat			☑ Part 2: Creditors with Nonpriority Unsecured Claims
Cherry Hill city	NJ State	08003 ZIP Code	Last 4 digits of account number P H E A
MRS BPO LLC			On which entry in Part 1 or Part 2 did you list the original creditor?
1930 Olney Avenue			Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street			☑ Part 2: Creditors with Nonpriority Unsecured Claims
Cherry Hill	NJ State	08003 ZIP Code	Last 4 digits of account number P H E A
MRS BPO LLC			On which entry in Part 1 or Part 2 did you list the original creditor?
1930 Olney Avenue			Line 4.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			☑ Part 2: Creditors with Nonpriority Unsecured Claims
Cherry Hill	NJ State	08003 ZIP Code	Last 4 digits of account number P H E A
MRS BPO LLC			On which entry in Part 1 or Part 2 did you list the original creditor?
1930 Olney Avenue	,		Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
Cherry Hill	NJ State	08003 ZIP Code	Last 4 digits of account number P H E A

Debtor 1

Victoria First Name Irene Middle Name Seaman Lest Name

Case number (if known) 21-40066

Part 3:	List Others to Be Notified About a Debt That You Already Listed
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example, if a collection agency 2, then list the collection agence	is trying to y here. Sin	o collect from you have	your bankruptcy, for a debt that you already listed in Parts 1 or 2. For ou for a debt you owe to someone else, list the original creditor in Parts 1 or e more than one creditor for any of the debts that you listed in Parts 1 or 2, list the ons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
National Enterprise Syste	ems		On which entry in Part 1 or Part 2 did you list the original creditor?
2479 Edison Blvd			Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street			☑ Part 2: Creditors with Nonpriority Unsecured Claims
Unit A			LAAARIN C. A. P.H.F.A
Twinsburg City	OH State	44087 ZIP Code	Last 4 digits of account number P H E A
National Enterprise Syste	ems		On which entry in Part 1 or Part 2 did you list the original creditor?
2479 Edison Blvd			Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street Unit A			Part 2: Creditors with Nonpriority Unsecured Claims
Twinsburg city	OH State	44087 ZIP Code	Last 4 digits of account number P H E A
National Enterprise Syste	ems		On which entry in Part 1 or Part 2 did you list the original creditor?
2479 Edison Blvd			Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street		<del>-</del>	Part 2: Creditors with Nonpriority Unsecured
Unit A			Claims
Twinsburg	OH State	44087 ZIP Code	Last 4 digits of account number P H E A
National Enterprise Syste	ems		On which entry in Part 1 or Part 2 did you list the original creditor?
2479 Edison Blvd			Line 4.13 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street Unit A			Part 2: Creditors with Nonpriority Unsecured Claims
Twinsburg city	OH State	44087 ZIP Code	Last 4 digits of account number P H E A
Portfolio Recovery Assoc	iates		On which entry in Part 1 or Part 2 did you list the original creditor?
P.O. Box 12914			Line 4.5 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
Norfolk City	VA State	23541 ZIP Code	Last 4 digits of account number 5 4 3 6
Portfolio Recovery Assoc		211 0000	On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line 4.7 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims
P.O. Box 12914 Number Street			Part 1: Greditors with Priority Unsecured Claims
			Claims
Norfolk	VA	23541 ZIP Code	Last 4 digits of account number 0 5 3 6
Radius Global Solutions	State	ZIP C008	
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
P.O. Box 390846 Number Street			Line 4.19 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured
			Claims
Minneapolis	MN State	55439 ZIP Code	Last 4 digits of account number 2 6 3 2

Official Form 106E/F

Debtor 1

Victoria First Name Irene Middle Name Seaman Lest Name Case number (if known) 21-40066

Part 3:	List Others t	o Be Notified	About a Debt	That You	Already Listed
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xample, if a collection agency , then list the collection agen	<i>t</i> is trying to by here. Sim	collect from you hav	your bankruptcy, for a debt that you already listed in Parts 1 or 2. For ou for a debt you owe to someone else, list the original creditor in Parts 1 or e more than one creditor for any of the debts that you listed in Parts 1 or 2, list the ons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
Rodenburg Law Firm			On which entry in Part 1 or Part 2 did you list the original creditor?
P.O. Box 2427			Line 4.6 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			☑ Part 2: Creditors with Nonpriority Unsecured Claim
_			
Fargo	ND	58108	Last 4 digits of account number 0 4 3 9
City	State	ZIP Code	
Rodenburg Law Firm			On which entry in Part 1 or Part 2 did you list the original creditor?
P.O. Box 2427			Line 4.7 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
Fargo city	ND State	58108 ZIP Code	Last 4 digits of account number 0 5 3 6
			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street		<del></del>	Part 2: Creditors with Nonpriority Unsecured
			Claims
			Last 4 digits of account number
City	State	ZIP Code	
Name		<del></del>	On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			☐ Part 2: Creditors with Nonpriority Unsecured
			Claims
City	State	ZIP Code	Last 4 digits of account number
		<u>-</u>	On which entry in Part 1 or Part 2 did you list the original creditor?
Name			
shimbaa Canaa			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			☐ Part 2: Creditors with Nonpriority Unsecured Claims
			<del></del>
City	State	ZIP Code	Last 4 digits of account number
	Jene		On which entry in Part 1 or Part 2 did you list the original creditor?
Name			• • •
	=		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
City	State	ZIP Code	Last 4 digits of account number
	Staţo	211 0000	On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line of (Check and): The Deville Creditors with Priority Uncoursed Claims
Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
			Part 2: Creditors with Nonpriority Unsecured Claims
City	State	ZIP Code	Last 4 digits of account number
ony .	SMIG	ZIP CODE	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts for each type of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § Add the amounts for each type of unsecured claim.

6. Total the a	amounts of certain types of unsecured claims. This information in the contract of the contract	ormation is for statistical reporting purposes only. 28 U.S.C. § 159.	
Add the d	mounts for each type of unsecured claims	Total claim	
Total claims	6a. Domestic support obligations	6a. <u>\$</u> 0.00	
from Part 1	6b. Taxes and certain other debts you owe the government	6b. <u>\$</u> 0.00	
	6c. Claims for death or personal injury while you were intoxicated	6c. \$0.00	
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + s 0.00	
	6e. Total. Add lines 6a through 6d.	6e. \$0.00	
		Total claim	
Total claims	6f. Student loans	6f. <sub>\$</sub> 90,360.28	
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$0.00	
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <sub>\$</sub> 0.00	
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$</u> 71,844.16	
	6j. Total. Add lines 6f through 6i.	6j. <u>\$ 162,204.44</u>	

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Fill in this in	nformation to ide	ntify your case:		
Debtor 1	Victoria	Irene	Seaman	
200101	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing	First Name	Middle Name	Last Name	
	Bankruptcy Court for	r the: District of South Dakota		~
Case number (If known)	21 40000			

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

APR 0 5 2021

CLERK
U.S. BANKRUPTCY COURT
DISTRICT OF SOUTH DAKOTA

Check if this is an amended filing

# Official Form 106H

#### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

⊔ No			
Yes			
	re you lived in a community proper puisiana, Nevada, New Mexico, Puer		? (Community property states and territories include shington, and Wisconsin.)
No. Go to line 3.			
☐ Yes. Did your spouse, for	rmer spouse, or legal equivalent live	with you at the time?	?
□ No			
	unity state or territory did you live?		. Fill in the name and current address of that person.
Tes. III WINCH COMMIN	mity state of territory did you live:		. The first of the control of the positions
Name of your spouse, form	ner spouse, or legal equivalent		- II
Number Street			
City	State	ZIP Code	
			or if your spouse is filing with you. List the person
Schedule E/F, or Schedule	G to fill out Column 2.		
Schedule E/F, or Schedule Column 1: Your codebtor	G to fill out Column 2.		Column 2: The creditor to whom you owe the debt
	G to fill out Column 2.		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
Column 1: Your codebtor	G to fill out Column 2.		
Column 1: Your codebtor  Bill Seaman	G to fill out Column 2.		Check all schedules that apply:  —— Schedule D, line
Column 1: Your codebtor	G to fill out Column 2.		Check all schedules that apply:
Column 1: Your codebtor  Bill Seaman Name			Check all schedules that apply:  —— Schedule D, line
Bill Seaman Name 701 Vine St. Number Street Chelsea	OK	74016	Check all schedules that apply:  Schedule D, line Schedule E/F, line 4.3
Column 1: Your codebtor  Bill Seaman  Name 701 Vine St.  Number Street Chelsea City		74016 ZIP Code	Check all schedules that apply:  Schedule D, line Schedule E/F, line 4.3
Column 1: Your codebtor  Bill Seaman  Name 701 Vine St.  Number Street Chelsea City	OK		Check all schedules that apply:  Schedule D, line Schedule E/F, line 4.3
Column 1: Your codebtor  Bill Seaman  Name 701 Vine St.  Number Street Chelsea City	OK		Check all schedules that apply:  Schedule D, line Schedule E/F, line 4.3 Schedule G, line
Column 1: Your codebtor  Bill Seaman  Name 701 Vine St.  Number Street Chelsea City  Name	OK		Check all schedules that apply:  Schedule D, line Schedule E/F, line 4.3  Schedule G, line  Schedule D, line Schedule E/F, line
Column 1: Your codebtor  Bill Seaman  Name 701 Vine St.  Number Street Chelsea City	OK		Check all schedules that apply:  Schedule D, line  Schedule E/F, line 4.3  Schedule G, line
Column 1: Your codebtor  Bill Seaman Name 701 Vine St. Number Street Chelsea City  Name	OK		Check all schedules that apply:  Schedule D, line Schedule E/F, line 4.3  Schedule G, line  Schedule D, line Schedule D, line
Column 1: Your codebtor  Bill Seaman Name 701 Vine St. Number Street Chelsea City  Name Number Street	OK State	ZIP Code	Check all schedules that apply:  Schedule D, line Schedule E/F, line 4.3  Schedule G, line Schedule D, line Schedule E/F, line Schedule G, line
Column 1: Your codebtor  Bill Seaman Name 701 Vine St. Number Street Chelsea City  Name Number Street City	OK State	ZIP Code	Check all schedules that apply:  Schedule D, line Schedule E/F, line 4.3 Schedule G, line Schedule D, line Schedule E/F, line Schedule G, line
Column 1: Your codebtor  Bill Seaman Name 701 Vine St. Number Street Chelsea City  Name Number Street City  Name Number Street	OK State	ZIP Code	Check all schedules that apply:  Schedule D, line Schedule E/F, line 4.3  Schedule G, line Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line
Column 1: Your codebtor  Bill Seaman Name 701 Vine St. Number Street Chelsea City  Name Number Street City  3	OK State	ZIP Code	Schedule D, line Schedule E/F, line 4.3 Schedule G, line Schedule D, line Schedule D, line Schedule E/F, line Schedule G, line
Column 1: Your codebtor  Bill Seaman Name 701 Vine St. Number Street Chelsea City  Name Number Street City  Name Number Street	OK State	ZIP Code	Check all schedules that apply:  Schedule D, line Schedule E/F, line 4.3  Schedule G, line Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line

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		and the state of the same of t	THE RESERVE THE PARTY OF THE PA	
Fill in this in	formation to id	dentify your case:	MUNICATED A PERMIT OF MEN	APR 0 5 2021
Debtor 1	Victoria	Irene	Seaman	
Debior 1	First Name	Middle Name	Last Name	CLERK
Debtor 2				U.S. BANKRUPTCY COURT
(Spouse, if filing)	First Name	Middle Name	Last Name	DISTRICT OF SOUTH DAKOTA
United States I	Bankruptcy Court	for the: District of South D	akota	
Case number	21-40066			Check if this is:
(If known)				☐ An amended filing
				A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	orm 106I			MM / DD / YYYY
Sched	lule I:	Your Incon	ne	12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1			Debtor 2 or no	n-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	<ul><li>✓ Employed</li><li>☑ Not employ</li></ul>	yed		☐ Employed ☐ Not employed	ed
Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies.	Occupation	Self-employe	ed	2		
or nomemaker, if it applies.	Employer's name	Victoria Sear	man			
	Employer's address	7504 South I		ne	Number Street	
		Sioux Falls	SD	57108		
	How long employed the	City		57108 Code	City	State ZIP Code
Estimate monthly income as of spouse unless you are separated if you or your non-filing spouse ha	t Monthly Income  f the date you file this for i. ave more than one employ	city ere? 2.7 yrs  m. If you have nother, combine the infe	State ZIF	Code for any line, w	rite \$0 in the space. I	nclude your non-filin
Estimate monthly income as of spouse unless you are separated If you or your non-filing spouse ha	t Monthly Income  f the date you file this for i. ave more than one employ	city ere? 2.7 yrs  m. If you have nother, combine the infe	State ZIF	Code for any line, w	rite \$0 in the space. I	nclude your non-filin
Estimate monthly income as of spouse unless you are separated if you or your non-filing spouse he below. If you need more space, a	t Monthly Income  If the date you file this for it.  ave more than one employ attach a separate sheet to the lary, and commissions (b)	m. If you have nother, combine the inferiorm.	State ZIF	for any line, wa	rite \$0 in the space. It or that person on the	nclude your non-filin lines
Estimate monthly income as of spouse unless you are separated if you or your non-filing spouse helow. If you need more space, a	t Monthly Income  If the date you file this for it.  ave more than one employ attach a separate sheet to the lary, and commissions (b., calculate what the monthly	m. If you have nother, combine the inferiorm.	State ZIF	for any line, we all employers for Debtor 1	rite \$0 in the space. It or that person on the	nclude your non-filin lines se

Case: 21-40066 Document: 14 Filed: 04/05/21 Page 18 of 40

Victoria Seaman 21-40066 Irene Debtor 1 Case number titken For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here..... 650.00 5. List all payroll deductions: 17.00 5a. Tax, Medicare, and Social Security deductions 5a. 0.00 5b. Mandatory contributions for retirement plans 5b. 0.00 5c. Voluntary contributions for retirement plans 5c. 0.00 5d. Required repayments of retirement fund loans 5d. 25.00 5e. Insurance 5e. 0.00 5f. Domestic support obligations 5f. 0.00 5a. Union dues 5a. 0.00 5h. Other deductions. Specify: 42.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 608.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 monthly net income. 8a. 0.00 8b. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 0.00 8c. settlement, and property settlement. 0.00 8d. Unemployment compensation 8d. 8e. Social Security 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 0.00 Specify: Contributions from unmarried partner. 8f. 0.00 8g. Pension or retirement income 8g. 0.00 8h. Other monthly income, Specify: 0.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 10. Calculate monthly income. Add line 7 + line 9. 608.00 608.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Contributions from unmarried partner. 4,000.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 4.608.00 12. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? ☐ No. Potential temporary increase if the pending PUA is approved. Yes. Explain:

page 2

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Fill in this information to identify	y your case:			APR 0 5 2021
Debtor 1 Victoria First Name  Debtor 2 (Spouse, if filing) First Name  United States Bankruptcy Court for the:	Irene Seaman  Middle Name Last Name  Middle Name Last Name  District of South Dakota			
Case number 21-40066 (If known)		MM / DE	AND SECTION OF THE PROPERTY OF	g date.
Official Form 106J				
Schedule J: Yo	ur Expenses			12/15
1. Is this a joint case?				
No. Go to line 2.  Yes. Does Debtor 2 live in a	separate household?			
<ul><li>□ No</li><li>□ Yes. Debtor 2 must fi</li></ul>	ile Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.		
2. Do you have dependents?  Do not list Debtor 1 and	☐ No ☑ Yes. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Debtor 2.  Do not state the dependents' names.	each dependent	Child	4	□ No ☑ Yes □ No
				☐ Yes ☐ No ☐ Yes
		Policy of the Control		□ No □ Yes
			· -	□ No □ Yes
3. Do your expenses include expenses of people other than yourself and your dependents?	□ No ☑ Yes			
Part 2: Estimate Your Ongo	ing Monthly Expenses			
expenses as of a date after the bar applicable date.	r bankruptcy filing date unless you a nkruptcy is filed. If this is a supplement n-cash government assistance if you	ental Schedule J, check the box	•	
	d it on Schedule I: Your Income (Offi	•	Your expe	enses
<ol> <li>The rental or home ownership any rent for the ground or lot.</li> </ol>	expenses for your residence. Include	first mortgage payments and	4. \$	83.00
If not included in line 4:				550.00
4a. Real estate taxes	renter's incurance		4a. \$	166.00
<ul><li>4b. Property, homeowner's, or</li><li>4c. Home maintenance, repair,</li></ul>			4b. \$ 4c. \$	35.00
4d. Homeowner's association o			4c. \$	0.00

4d. Homeowner's association or condominium dues

Debtor 1 Victoria Irene Seaman Case number (if known) 21-40066

		Your e	xpenses
5. Additional mortgage payments for your residence, such as home equity loa	ns 5.	\$	0.00
6. Utilities:		,	
6a. Electricity, heat, natural gas	6a.	\$	300.00
6b. Water, sewer, garbage collection	6b.	\$	125.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ \$	230.00
6d. Other Specify:	6d.	\$	0.00
7. Food and housekeeping supplies	7.	\$	1,100.00
8. Childcare and children's education costs	8.	\$	900.00
9. Clothing, laundry, and dry cleaning	9.	\$	75.00
10. Personal care products and services	10.	\$	85.00
11. Medical and dental expenses	11.	\$	50.00
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.	12.	\$	250.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	80.00
.14. Charitable contributions and religious donations	14.	\$	30.00
<ul><li>15. Insurance.</li><li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li></ul>			
15a. Life insurance	15a.	\$	50.00
15b. Health insurance	15b.	\$	150.00
15c. Vehicle insurance	15c.	\$	110.00
15d. Other insurance. Specify:	15d.	\$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20 Specify:	l. 16.	\$	0.00
17. Installment or lease payments:			
17a. Car payments for Vehicle 1	17a.	\$	0.00
17b. Car payments for Vehicle 2	17b.	\$	0.00
17c. Other. Specify: Student Loans	17c.	\$	1,200.00
17d. Other. Specify:	17d.	\$	0.00
18. Your payments of alimony, maintenance, and support that you did not rep your pay on line 5, Schedule I, Your Income (Official Form 106I).	ort as deducted from	\$	0.00
19. Other payments you make to support others who do not live with you.			
Specify:	19.	\$	0.00
20. Other real property expenses not included in lines 4 or 5 of this form or or	Schedule I: Your Income.		
20a. Mortgages on other property	20a.	\$	0.00
20b. Real estate taxes	20b.	\$	0.00
20c. Property, homeowner's, or renter's insurance	<b>20</b> c.	\$	0.00
20d. Maintenance, repair, and upkeep expenses	<b>20d.</b>	\$	0.00
20e. Homeowner's association or condominium dues	20e.	\$	0.00

Debtor 1	Victoria First Name	Irene Middle Name Last Na	Seaman	Case number (#kno	<sub>wn)</sub> 21-	40066	
21. Oth	er. Specify: <u>Gym</u>	, Cont. ed, Misc. exp	enses		21.	+\$	300.00
22. <b>Cal</b> o	culate your month	ly expenses.					
22a.	Add lines 4 throug	h 21.			22a.	\$	5,869.00
22b.	Copy line 22 (mor	thly expenses for Debtor	2), if any, from Official Form 10	06J-2	22b.	\$	0.00
22c.	Add line 22a and 2	22b. The result is your mo	onthly expenses.		22c.	\$	5,869.00
23. Calcu	ılate your monthi	y net income.					4 609 00
23a.	Copy line 12 (you	r combined monthly incor	ne) from Schedule I.		23a.	\$	4,608.00
23b.	Copy your month	y expenses from line 22c	above.		23b.	-\$	5,869.00
23c.	=	nthly expenses from your monthly net income.	monthly income.		23c.	\$	-1,261.00
24. <b>Do y</b> o	ou expect aπ incr	ease or decrease in you	r expenses within the year at	iter you file this form?			
			our car loan within the year or ouse of a modification to the term				
☑ No	ļ						
☐ Ye	es. Explain her	e:					
	1						
						*************************	



Debtor 1	Victoria	Irene	Seaman	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court f	or the: District of South I	Dakota	-

APR 0 5 2021

CLERK U.S. BANKRUPTCY COURT **DISTRICT OF SOUTH DAKOTA** 

> ☑ Check if this is an amended filing

## Official Form 106Dec

# **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is No	OT an attorney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
Under penalty of perjury, I declare that I have re	ead the summary and schedules filed with this declaration and
that they are true and correct.	
× 16.0	*
Signature of Debtor 1	Signature of Debtor 2
Signature of Debior 1	Signature of Debtor 2
Date 04/05/2021	Date
MM / CDD / YYYY	MM / DD / YYYY

RECEIVED/FILED 4:35 a.m/p.m.

Debtor 1	Victoria	Irene	Seaman	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
		or the: District of South	Dakota	•
Case number	21-40066			
(If known)	21 13000			

APR 0 5 2021

CLERK
U.S. BANKRUPTCY COURT
DISTRICT OF SOUTH DAKOTA

☐ Check if this is an amended filing

#### Official Form 107

## Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Give Details Al	bout Your Marital Stat	us and Where Y	ou Lived Before		
. Wha	t is your current ma	rital status?				
	Married Not married					
<b>1</b>	lo .	nave you lived anywhere o				
	Debtor 1:		Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there
				☐ Same as Debtor 1		Same as Debtor 1
	Number Street		From To	Number Street		From
	City	State ZIP Code		City	State ZIP Code	
				☐ Same as Debtor 1		Same as Debtor 1
	Number Street	(P-7-	From	Number Street		From
	City	State ZIP Code		City	State ZIP Code	
state	s and territories inclu				perty state or territory? (Coo, Texas, Washington, and	
<b>A</b>		ll out Schedule H: Your Cod	debtors (Official For	m 106H).		
	•					

Part 2:

**Explain the Sources of Your Income** 

	st Name	0430 114	mber (if known) 2 1-40000	
Did you have any income from employme Fill in the total amount of income you receive if you are filing a joint case and you have inc	ed from all jobs and all bus	inesses, including part-tir	me activities.	ndar years?
Yes. Fill in the details.	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and	Sources of income Check all that apply.	Gross income (before deductions and
From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips	\$1,396.00	Wages, commissions, bonuses, tips	exclusions)
and dute you mod for build apply.	Operating a business		Operating a business	
For last calendar year: (January 1 to December 31,2020	Wages, commissions, bonuses, tips  Operating a business	\$11,168.64	<ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	\$
YYYY	Operating a business		Operating a business	
For the calendar year before that:	Wages, commissions		Wages, commissions,	
(January 1 to December 31,2019	bonuses, tips  Operating a business	\$4,913.00	bonuses, tips  Operating a business	\$
Include income regardless of whether that in unemployment, and other public benefit pay gambling and lottery winnings. If you are filin	ncome is taxable. Example ments; pensions; rental ind ng a joint case and you have	s of other income are alin come; interest; dividends; we income that you receive	money collected from laws ed together, list it only once	suits; royalties; and
Include income regardless of whether that in unemployment, and other public benefit pay gambling and lottery winnings. If you are filin	ncome is taxable. Example ments; pensions; rental ind ng a joint case and you have	s of other income are alin come; interest; dividends; we income that you receive	money collected from laws ed together, list it only once	suits; royalties; and
	ncome is taxable. Example ments; pensions; rental ind ng a joint case and you have	s of other income are alin come; interest; dividends; we income that you receive	money collected from laws ed together, list it only once	suits; royalties; and
Include income regardless of whether that in unemployment, and other public benefit pay gambling and lottery winnings. If you are filir List each source and the gross income from	ncome is taxable. Example ments; pensions; rental income a joint case and you have each source separately. E	s of other income are alin come; interest; dividends; we income that you receive	money collected from laws ed together, list it only once it you listed in line 4.	suits; royalties; and e under Debtor 1.  Gross income from each source
nclude income regardless of whether that in unemployment, and other public benefit pay gambling and lottery winnings. If you are filir list each source and the gross income from No Yes. Fill in the details.	ncome is taxable. Example ments; pensions; rental income a joint case and you have each source separately. Debtor 1  Sources of income Describe below.	s of other income are alincome; interest; dividends; re income that you receiv to not include income that  Gross income from each source (before deductions and exclusions)	money collected from laws red together, list it only once it you listed in line 4.  Debtor 2  Sources of income	suits; royalties; and e under Debtor 1.  Gross income from each source (before deductions and
include income regardless of whether that in unemployment, and other public benefit pay gambling and lottery winnings. If you are filin List each source and the gross income from	ncome is taxable. Example ments; pensions; rental income a joint case and you have each source separately. Debtor 1  Sources of income Describe below.	s of other income are alincome; interest; dividends; ve income that you receive not include income that  Gross income from each source (before deductions and	money collected from laws red together, list it only once it you listed in line 4.  Debtor 2  Sources of income	suits; royalties; and e under Debtor 1.  Gross income from each source (before deductions and
nclude income regardless of whether that in inemployment, and other public benefit pay gambling and lottery winnings. If you are filir it each source and the gross income from No Yes. Fill in the details.	ncome is taxable. Example ments; pensions; rental income a joint case and you have each source separately. Debtor 1  Sources of income Describe below.	s of other income are alincome; interest; dividends; re income that you receiv to not include income that  Gross income from each source (before deductions and exclusions)	money collected from laws red together, list it only once it you listed in line 4.  Debtor 2  Sources of income	suits; royalties; and e under Debtor 1.  Gross income from each source (before deductions and
Include income regardless of whether that in unemployment, and other public benefit pay pambling and lottery winnings. If you are filir it each source and the gross income from No  Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:	ncome is taxable. Example ments; pensions; rental income a joint case and you have each source separately. Debtor 1  Sources of income Describe below.	s of other income are alincome; interest; dividends; re income that you receive no not include income that  Gross income from each source (before deductions and exclusions)  \$	money collected from laws red together, list it only once it you listed in line 4.  Debtor 2  Sources of income	suits; royalties; and e under Debtor 1.  Gross income from each source (before deductions and
nclude income regardless of whether that in the property of the property of the property of the income regardless. If you are filing the each source and the gross income from No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:	ncome is taxable. Example ments; pensions; rental income a joint case and you have each source separately. Debtor 1  Sources of income Describe below.	s of other income are alincome; interest; dividends; re income that you receiv to not include income that  Gross income from each source (before deductions and exclusions)	money collected from laws red together, list it only once it you listed in line 4.  Debtor 2  Sources of income	suits; royalties; and e under Debtor 1.  Gross income from each source (before deductions and
Include income regardless of whether that incumenployment, and other public benefit pay gambling and lottery winnings. If you are filir List each source and the gross income from No  Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:	ncome is taxable. Example ments; pensions; rental income a joint case and you have each source separately. Debtor 1  Sources of income Describe below.	s of other income are alincome; interest; dividends; re income that you receive no not include income that  Gross income from each source (before deductions and exclusions)  \$	money collected from laws red together, list it only once it you listed in line 4.  Debtor 2  Sources of income	suits; royalties; and e under Debtor 1.  Gross income from each source (before deductions and
Include income regardless of whether that in unemployment, and other public benefit pay gambling and lottery winnings. If you are filir List each source and the gross income from No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31, 2020	ncome is taxable. Example ments; pensions; rental income a joint case and you have each source separately. Debtor 1  Sources of income Describe below.	s of other income are alincome; interest; dividends; re income that you receive no not include income that  Gross income from each source (before deductions and exclusions)  \$	money collected from laws red together, list it only once it you listed in line 4.  Debtor 2  Sources of income	suits; royalties; and e under Debtor 1.  Gross income from each source (before deductions and
Include income regardless of whether that in unemployment, and other public benefit pay gambling and lottery winnings. If you are filir List each source and the gross income from No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:	ncome is taxable. Example ments; pensions; rental income a joint case and you have each source separately. Debtor 1  Sources of income Describe below.	Gross income from each source (before deductions and exclusions)  \$	money collected from laws red together, list it only once it you listed in line 4.  Debtor 2  Sources of income	Gross income from each source (before deductions and exclusions)  - \$

Seaman

Irene

Case number (# known) 21-40066

art 3:	List Cert:	ain Pavm	ents You	ı Made Befo	re You Filed f	or Bankruptcy		
.,,								_
Are eith	her Debtor 1	1's or Debt	or 2's del	ots primarily o	onsumer debts	?		
☐ No.						<b>ts.</b> Consumer debts an usehold purpose."	re defined in 11 U.S.C. § 10	1(8) as
	During the	90 days be	efore you f	iled for bankru	iptcy, did you pay	any creditor a total of	f \$6,825* or more?	
	☐ No. Go	o to line 7.						
	to	otal amount	you paid t	that creditor. D	o not include pay	6,825* or more in one yments for domestic se ents to an attorney for	or more payments and the upport obligations, such as this bankruptcy case.	
				-		•	after the date of adjustment.	
Yes	e Debtor 1	or Dobtor 3	or both i	havo nrimarilı	consumer debi	te		
163				•		any creditor a total of	f\$600 or more?	
	_	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ptoj, ala jou paj	any ordenor a total or	, 4000 or more	
	Mo. Go	to line 7.						
	C	reditor. Do i	not include	e payments for	r domestic suppo	600 or more and the to rt obligations, such as for this bankruptcy ca		
		-			Dates of payment	Total amount paid	Amount you still owe	Was this payment for
						\$	\$	☐ Mortgage
	Credito	or's Name				-		☐ Car
								Credit card
	Numbe	er Street						Loan repayment
				<del></del>				Suppliers or vendors
								* *
	City	amin' ya ay ba shaqbaya	State	ZIP Code	normali shakkan maa — damal — Mis d	Militaria da Salama de Grada de Salama Salama de S	ns garetan of Vision recognition and an Alexandra the selection of the second of the s	Other
	City	regard that you be a standards.	State	ZIP Code		\$	\$	Other
	#m,/**	or's Name	State	ZIP Code		\$	\$	• •
<b>s</b> .	Credite		State	ZIP Code		\$	\$	Other
••	Credite	or's Name	State	ZIP Code	ericular chance and the state of the state o	\$	\$	Other Mortgage Car Credit card
·	Credite		State	ZIP Code		\$	\$	Other Mortgage Car Credit card Loan repayment
s.	Credito		and the second	v an		\$	<b>\$</b>	Other Mortgage Car Credit card
w.	Credite		State	ZIP Code	- 100	\$	\$\$.	Other Mortgage Car Credit card Loan repayment Suppliers of vendors
	Credito		and the second	v an			\$	Other Mortgage Car Credit card Loan repayment Suppliers or vendors
	Numbin City		and the second	v an		\$	\$	Other Mortgage Car Credit card Loan repayment Suppliers or vendors Other
	Numbin City	er Street	and the second	v an			\$	Other Mortgage Car Credit card Loan repayment Suppliers or vendors Other
	Credite Number	er Street	and the second	v an			S	Other Mortgage Car Credit card Loan repayment Suppliers or vendors Other Mortgage Car Credit card
	Credite Number	er Street	and the second	v an			\$	Other Mortgage Car Credit card Loan repayment Suppliers or vendors Other Mortgage Car Credit card Loan repayment
	Credite Number	er Street	and the second	v an			\$	Other Mortgage Car Credit card Loan repayment Suppliers or vendors Other Mortgage Car Credit card

Victoria

Debtor 1

Seaman

Case number (#known) 21-40066

Within 1 year before you filed for bankruptcy, did insiders include your relatives; any general partners corporations of which you are an officer, director, pe agent, including one for a business you operate as a such as child support and alimony.	; relatives of any	general partners; p or owner of 20% or r	artnerships of whic more of their voting	h you are a general partner; securities; and any managing
<b>☑</b> No				
Yes. List all payments to an insider.				
	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name	<u> </u>	\$	\$	
Number Street	<del>-</del>			
City State ZIP Code	ع ــــــــــــــــــــــــــــــــــــ	a designed and the second seco	the management of the Operation of the Section (Co., 1989)	
Insider's Name	<u> </u>	\$	\$	
Number Street				
				}
City State ZIP Code  Within 1 year before you filed for bankruptcy, did	you make any j	payments or trans	fer any property o	n account of a debt that benefited
Within 1 year before you filed for bankruptcy, did an insider? Include payments on debts guaranteed or cosigned  Mo		payments or trans  Total amount	fer any property o  Amount you still	n account of a debt that benefited  Reason for this payment Include creditor's name
Nithin 1 year before you filed for bankruptcy, did an insider? Include payments on debts guaranteed or cosigned  No	by an insider.	Total amount	Amount you still	Reason for this payment
Nithin 1 year before you filed for bankruptcy, did an insider? Include payments on debts guaranteed or cosigned  No	by an insider.	Total amount	Amount you still	Reason for this payment
Within 1 year before you filed for bankruptcy, did an insider? Include payments on debts guaranteed or cosigned No Yes. List all payments that benefited an insider.	by an insider.	Total amount	Amount you still	Reason for this payment
Within 1 year before you filed for bankruptcy, did an insider? Include payments on debts guaranteed or cosigned  No Yes. List all payments that benefited an insider.  Insider's Name	by an insider.	Total amount	Amount you still	Reason for this payment
Nithin 1 year before you filed for bankruptcy, did an insider? Include payments on debts guaranteed or cosigned  ✓ No  Yes. List all payments that benefited an insider.  Insider's Name  Number Street  City State ZIP Code	by an insider.	Total amount	Amount you still	Reason for this payment
Within 1 year before you filed for bankruptcy, did an insider? Include payments on debts guaranteed or cosigned  No  Yes. List all payments that benefited an insider.  Insider's Name  Number Street	by an insider.	Total amount paid	Amount you still	Reason for this payment
Within 1 year before you filed for bankruptcy, did an insider? Include payments on debts guaranteed or cosigned  No Yes. List all payments that benefited an insider.  Insider's Name  Number Street  City State ZIP Code	by an insider.	Total amount paid	Amount you still	Reason for this payment
Nithin 1 year before you filed for bankruptcy, did an insider? Include payments on debts guaranteed or cosigned  No  Yes. List all payments that benefited an insider.  Insider's Name  City State ZIP Code	by an insider.	Total amount paid	Amount you still	Reason for this payment

Victoria

Debtor 1

Irene

Debtor 1	Victoria	Irene	Sear	man	Case number (#	21-40066	
	First Name	Middle Name L	ast Name				
	<b>.</b>						
Part 4				, and Foreclosures you a party in any lawsuit	L sevet setien er s	dministrativa propositi	na?
				nall claims actions, divorce			
and	contract disputes.						
		_					
<b>Y</b>	Yes. Fill in the deta	ails.	, Marian	of the case	Court or agency		Status of the case
			كنستشكشم	claims - Veterinarian	T **** ***	125 74 74 1 575 A. 175	Status of the case
	Case title Lisa Da	avid vs.		garding Plaintiff and	Lincoln County	<u>/</u>	- Pending
	Victoria Seam			lants dogs getting	104 N Main St		On appeal
	Victoria Ocarr	idii	_ into a f	ignt.	Number Street		Concluded
	Case number 20-	-1025	_		Canton	SD 57013	_
_					City	State ZIP Code	
	Danka	£ 0	Debt co	ollection action	Lincoln County	/	П
	Case title Bank o	America vs.	_		Court Name		Pending On appeal
	Victoria Seam	nan			104 N Main St	- <del>-</del>	Concluded
	. 19-	-146585			Canton	SD 57103	Ca Contradod
	Case number 15				City	State ZIP Code	_
40 1564	in 4 hafana	Glad for banks		ny of your property repo	.i	d gamlahad attached	soized or louind?
		nd fill in the details b		ity of your property repo	336336 <b>4</b> , 101661036	u, garrioneu, attacheu	Scized, of levica
<b>ਓ</b> 1	No. Go to line 11.						
	Yes. Fill in the infor	mation below.					
				Describe the property		Date	Value of the property
				<u> </u>	figlione, le confession and accessive graphs is entire		in the second section of the second s
	Control Manager						\$
	Creditor's Name						
	Number Street	· · · · · · · · · · · · · · · · · · ·		Explain what happened			
				☐ Property was repos		2 A A S S S S S S S S S S S S S S S S S	
		· -	· · ·	☐ Property was forecle			
				Property was gamis			
	City	State Zi	P Code	Property was attach	ied, seized, or levied	<del>manda an indirang dikada dikada an indirang di</del>	
				Describe the property	and the second second second second second	Date	Value of the property
							•
	Creditor's Name	<u> </u>					2
	Number Street			Explain what happened			
				_		of the first	
				Property was repos Property was forecl			
	City	State ZI	P Code	Property was garnis			
on the market has been designed the con-	City	OIME A		Property was attach	ned, seized, or levied	d. Salandapa, unadapaldentiyatiis Helis (1885) unatio Pilisto (1885) unation tungen mengalapanda (1981) orda para	\$4 表示 (See ) je (See ) je (Bee ) je (See ) je (Jee ) je (Jee ) je (Bee ) je (Jee ) je (Jee ) je (Jee ) je (Jee

tor 1	Victoria	Irene	Seaman	_ Case number (if know	<sub>n)</sub> 21-40066	
	First Name	liddle Name	Last Name	-		· · · · · · · · · · · · · · · · · ·
VVitl	hin 90 days before	you filed for b	ankruptcy, did any creditor,	including a bank or financial instit	tution, set off any a	amounts from your
			ent because you owed a debi		_	
			-			
		4				
Ø.	Yes. Fill in the detai	ls.				
			Describe the action th	ne creditor took	Date action	Amount
	Department of t	he Treasury	,		was taken	
	Creditor's Name				1	
	Internal Revenu	io Sondeo	2020 overpayme	nt applied to unpaid balance	00/45/0004	4 507 00
	Number Street	20 001 1100	from 2016 taxes.		03/15/2021	<sub>\$</sub> 1,527.08
	Nation Sheet					
			ĺ			
	O. 3. P.	011 450				
	Cincinnati	OH 459		4 4 5 0		
- 1	City	State ZIP (	Code Last 4 digits of accou	unt number: XXXX– <u>1</u> <u>1</u> <u>5</u> <u>2</u>	_	
LA/Sel	hin 1 waar hafara w	ou filed for ha	nkeuntou was any of your ne	operty in the possession of an ass	innee for the hend	ofit of
			r, a custodian, or another off		signice for the bein	SIIL OI
		olliten tereisei	r, a custodian, or another on	iciaif		
<b>V</b>						
	Yes					
	_					
t 5	List Certain	Gifts and Co	ntributions			
•						
	Gifts with a total va	lue of more than	\$600 Describe the gifts		Dates you gave	value Value
	per person			و من المعالم	, più giita	
						\$
Ī	Person to Whom You Gav	e the Gift				<u> </u>
-						\$
1	Number Street					
	realise. Sacce					
_						
Ī	City	State ZIP	Code			
	Person's relationship t	o you				
	Gifts with a total valu	e of more than \$	600 Describe the gifts		Dates you gave	e Value
	per person		والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد	2. Promission de description de la contraction d	the gifts	
						\$
	Person to Whom You Gav	e the Gift				·
						•
						\$
	Number Street					
	City	State ZIP	Code			
	City	OMIG AIP	Çodo			
	Person's relationship t	о уоц				
	, cionio ideavionipi	~ ,~~	<del></del>		1	

Victoria	Irene	Seaman	Case number (if known)	21-40066	
First Name Middle	Name L	ast Name			
			-		
nin 2 vears before vou	filed for bankr	untey, did you give any gifts or co	ntributions with a total va	lue of more than \$6	00 to any charity?
	mea for banne	aptoy, and you give any give or ou		ido or moro alan qo	oo to any onanty.
		and the set of			
Yes. Fill in the details to	or each gift or co	ontribution,			
Gifts or contributions to	charities	Describe what you contributed		Date you	Value
that total more than \$60	10.	•		contributed	
			ina pari na mandrida na mandrida na mandrida de la comunicación de la comunicación de la comunicación de la co	7	
					\$
Charity's Name	-				Ψ
					¢
					Ψ
Number Street					
City State ZIP	Code	<b>-</b>			
			الله المحافظة الذين من المساطنية في مساور و يروف من مسوفيست الذين من المرادة مسر وموريوس	<b>-</b>	
List Certain Lo	sses				
			<u> </u>		
Describe the property ye how the loss occurred	ou lost and			Date of your loss	Value of property lost
				<b>.</b>	•
<u> </u>				T	_
					\$
en e		and the second s	opport to the second second	a Ber i de der spill se	and the company of the second
List Certain Pay	ments or Tra	ansfers			
hin 1 year before you t	filed for bankru	ıptcy, did you or anyone else actir	ig on your behalf pay or tr	ansfer any property	to anyone
ude any attorneys, bank	cruptcy petition	preparers, or credit counseling agen	cles for services required in	your bankruptcy.	
No					
Yes. Fill in the details.					
		Description and value of any pro	perty transferred	Date payment or	Amount of payment
		<u>-</u>		transfer was	- '
Person Who Was Paid		and the state of t	age against an an an air an an air an	Thursday, and the second	
Number Street		-			\$
Trainbot Outout		and the control of th			Ψ
		_			¢
					*
City	State ZIP Code	-			
Email or website address					
Person Who Made the Payme	ant if Not Vau	<b>– i</b>		ļ	
	No Yes. Fill in the details for Gifts or contributions to that total more than \$60 Charity's Name  Number Street  City State ZIP  List Certain Lo hin 1 year before you dester, or gambling?  No Yes. Fill in the details.  Describe the property yellow the loss occurred  List Certain Pay how the loss occurred  Consulted about seel ude any attorneys, bank No Yes. Fill in the details.  Person Who Was Paid  Number Street  City  Email or website address	Pirst Name Middle Name  Inin 2 years before you filed for banker No Yes. Fill in the details for each gift or co Gifts or contributions to charities that total more than \$600  Charity's Name  Number Street  City State ZIP Code  List Certain Losses thin 1 year before you filed for banker aster, or gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred  List Certain Payments or Tra hin 1 year before you filed for banker aconsulted about seeking bankrupto ude any attorneys, bankruptcy petition No Yes. Fill in the details.  Person Who Was Paid  Number Street  City State ZIP Code  Email or website address	Annual Micele Name  Lest Name  Lest Name  Lest Name  In 2 years before you filed for bankruptcy, did you give any gifts or converged for contribution.  Sifts or contributions to charities that total more than \$600  Charity's Name  Charity's Name  Charity's Name  Charity's Name  List Certain Losses  In 1 year before you filed for bankruptcy or since you filed for bankrupater, or gambling?  No  Yes. Fill in the details.  Describe the property you lost and how the loss occurred  List Certain Payments or Transfers  In 1 year before you filed for bankruptcy, did you or anyone else acting consulted about seeking bankruptcy or preparing a bankruptcy petition or preparers, or credit counseling agent with the details.  Description and value of any propers of the details.  Description and value of any propers of the details.  Description and value of any propers of the details.  Description and value of any propers of the details.  Description and value of any propers of the details of the details.	in 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total va  No  Yes. Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$500  Describe what you contributed  Charity's Name  Charity's Name  Charity's Name  Describe what you contributed  List Certain Losses  List Certain Losses  Thin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anythin aster, or gambling?  No  Yes. Fill in the details.  Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/3. Property.  List Certain Payments or Transfers  hin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or tre consulted about seeking bankruptcy or preparing a bankruptcy petition?  Use any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in No  Yes. Fill in the details.  Description and value of any property transferred  Penson Who Was Paid  Number Street  City State Zip Code  Email or website address	That Name Missie Name Land Name  Land Name  Lind 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$6 No  No  Yes, Fill in the details for each gift or contribution.  Gifts or contributions to charifies that total more than \$600  Date you contributed  Charity's Name  Charity's Name  City State ZIP Code  List Certain Losses  hin 1 year before you filed for bankruptcy or slince you filed for bankruptcy, did you lose anything because of thett, taster, or gambling?  No  No  No  No  List Certain Payments or Transfers  List Cortain Payments or Transfers  Describe any insurance coverage for the loss loads. List pending insurance claims on line 33 of Schedule Act. Preparty.  List Cortain Payments or Transfers  List Cortain Payments or Transfers  List Cortain Payments or Transfers  Date of your loads and about seeking bankruptcy or preparing a bankruptcy petition?  Loss Description and value of any property transferred in your bankruptcy.  Does payment or transfer were made  Description and value of any property transferred  Date payment or transfer were made  City Shate ZiP Code

or 1	Victoria	Irene	Seaman		Case number (if known)	21-40066	
	First Name	Middle Name Last	Name				
-			Description and value o	f any property to	ansferred	Date payment or transfer was made	Amount of payment
	Person Who Was Pai	d -					¢
	Number Street	· · · · · · · · · · · · · · · · · · ·					Ψ
							\$
	City	State ZIP Code					
	Email or website addr	ess	<b>-</b>				
	Person Who Made the	e Payment, if Not You					
<b>4</b> 1	• •	yment or transfer that y ails.	ou listed on line 16.				
			Description and value o	f any property tr	ansferred	Date payment or transfer was	Amount of payme
	Person Who Was Pai	id	, grand film times a fally secular one pagetin quit, with mile territories	alium terkerk kringasis man reviga din 1 ama 2 vinarkan na	ayayadia mid adamiyadaili maadaa aada ahaa aa	made	r
	Number Street						\$
	City	State ZIP Code	•				\$
tran Inclu Do r	sferred in the or ade both outright to not include gifts ar	dinary course of your transfers and transfers r and transfers that you ha	otcy, did you sell, trade, business or financial aft nade as security (such as we already listed on this st	fairs? the granting of			
			Description and value or transferred	f property	Describe any property or debts paid in excha		Date transfer was made
	Person Who Received	i Transfer					
	Number Street						
	City	State ZIP Code					
	Person's relationsh	nip to you		w , ,	dam hada ha		a consecue
	Person Who Received	d Transfer					
	Number Street		as produced in the control of the co				
	City	State ZIP Code					
	Person's relationsh				<u> </u>		

ebtor 1	Victoria	Irene	Seaman	Case number	(if known) 21-40066	
	First Name I	Middle Name La:	st Name			
			ruptcy, did you transfer any proper asset-protection devices.)	ty to a self-settled	trust or similar device of w	hich you
<b>2</b>	- ,		,			
	Yes. Fill in the detai	ils.				
			Description and value of the prope	rty transferred	٠	Date transfer
			positivitation and raid of the property		والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج	was made
ı	Name of trust		<b>-</b>			
_						
art 8	List Certain F	inancial Accoun	ts, Instruments, Safe Deposit	Boxes, and Sto	rage Units	
			otcy, were any financial accounts of			hanafit
	im i year belore y ied, sold, moved, i		ncy, were any financial accounts (	or instruments nei	a in your name, or for your	oenem,
			t, or other financial accounts; cert	ificates of deposit	shares in banks, credit un	ions,
_	-	nsion funds, coope	ratives, associations, and other fi	nancial institutions	3.	
<b>2</b>	-	••				
<b>"</b>	Yes. Fill in the det	ails.				
			Last 4 digits of account number	Type of account o instrument	Date account was closed, sold, moved, or transferred	Last balance befo closing or transfe
	Name of Financial Inst	itution		☐ Checking		\$
	Number Street			Savings		-
	- June 1		_	Money market		
			_	☐ Brokerage		
-	City	State ZIP Code	an and action on a transfer of the section of the s	Other	The state of the s	of the same states and the same of the sam
			. XXXX-	☐ Checking		¢
	Name of Financial Inst	itution		☐ Savings		Ψ
	Number Street	<del></del> -	_	☐ Money market		
	- Succe		_	☐ Brokerage		
			_	Other		
	City	State ZIP Code	_			
1. Do y	ou now have, or	did you have within	1 year before you filed for bankrup	otcy, any safe dep	osit box or other depositor	y for
seci	urities, cash, or ot					
	No Yes. Fill in the det	- **-				
ц,	res. Fill in the det	aus.	Who else had access to it?	Doceri	be the contents	Do you sti
			WITO else IIAQ access to ict	Pescii	be the contents	have it?
				ļ		□ No
	Name of Financial Inst	itution	Name			☐ Yes
	Number Street		Number Street			
			Number Street			
			City State ZIP Code			
	Cibr	State 7ID Code	-			1

	Victoria	Irene	Seaman	Case number (#known) 21-40066	
	First Name	Middle Name	Last Name		
		erty in a storage ui	nit or place other than your home wi	ithin 1 year before you filed for bankruptcy	?
<b>2</b> N					
Ч	es. Fill in the det	alis.	Who else has or had access to it?	Describe the contents	Do you st
			THE COST HEED OF HEAD GOODS TO ICE	The second secon	have it?
				* * *	☐ No
	Name of Storage Fac	llity	Name		☐ Yes
	Number Street		Number Street		{
		•		1	ļ
			CityState ZIP Code		]
	City	State ZIP Code			
٠	14456-1	11_1	d 0414 0		
art 9:	_		d or Control for Someone Else		
_			t someone else owns? Include any	property you barrowed from, are storing for	or,
	old in trust for so No	omeone.			
= .	res. Fill in the de	etails.			
			Where is the property?	Describe the property	Value
			<del>-</del>	i	\$
	Owner's Name				Ψ
			- Number Street		\
	Owner's Name  Number Street		— Number Street		
	Number Street		City State Z	ZIP Code	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		State ZIP Code	City State Z	ZIP Code	
art 10	Number Street	-	City State Z	ZIP Code	
	Number Street  City  Give Deta	-	City State Z	IIP Code	
or the	Number Street  City  Give Deta	alls About Enviro	City State z  nmental Information  efinitions apply:	CIP Code	
or the <i>Envi</i> haza	Number Street  City  City  Deta  purpose of Part  ironmental law mardous or toxic s	alls About Environment 10, the following decreases any federal, substances, wastes	City State Z  conmental Information  efinitions apply: state, or local statute or regulation of the company of	concerning pollution, contamination, releas surface water, groundwater, or other medit	ses of
or the Envi haza incli	City  City  City  City  City  Deta  purpose of Part  ironmental law mandous or toxic s  uding statutes or	10, the following d neans any federal, substances, wastes regulations contro	City State Z  commental Information  efinitions apply: state, or local statute or regulation of, or material into the air, land, soil, soiling the cleanup of these substance	concerning pollution, contamination, releas surface water, groundwater, or other medic ces, wastes, or material.	ses of um,
or the Envi haza inclu Site	City  City  Give Deta  purpose of Part  ironmental law mandous or toxic suding statutes or  means any local	10, the following d neans any federal, substances, wastes regulations contro tion, facility, or pro	City State Z  commental Information  efinitions apply: state, or local statute or regulation of, or material into the air, land, soil, soiling the cleanup of these substance	concerning pollution, contamination, releas surface water, groundwater, or other medit	ses of um,
Envi Envi haza inclu Site utiliz	City  O: Give Deta  purpose of Part  ironmental law mardous or toxic s  uding statutes or  means any local  ze it or used to o	10, the following d neans any federal, substances, wastes regulations control tion, facility, or pro wn, operate, or util	city State z  commental Information  efinitions apply: state, or local statute or regulation of the commental into the air, land, soil, soiling the cleanup of these substance perty as defined under any environmize it, including disposal sites.	concerning pollution, contamination, releas surface water, groundwater, or other medic ces, wastes, or material.	ses of im,
Envi Envi haza inclu Site utiliz	City  Deta  purpose of Part  ironmental law mandous or toxic so  uding statutes or  means any local  ze it or used to o  ardous material i	10, the following d neans any federal, substances, wastes regulations control tion, facility, or pro wn, operate, or util means anything an	city State z  commental Information  efinitions apply: state, or local statute or regulation of the commental into the air, land, soil, soiling the cleanup of these substance perty as defined under any environmize it, including disposal sites.	concerning pollution, contamination, releas surface water, groundwater, or other medit ces, wastes, or material. mental law, whether you now own, operate	ses of im,
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or the Envi haza incle Site utilis Haza subseport	City  O: Give Deta  purpose of Part  ironmental law mandous or toxic suding statutes or  means any local ze it or used to or  ardous material in stance, hazardou	10, the following deans any federal, substances, wastes regulations controlling, facility, or prown, operate, or util means anything and is material, pollutal ises, and proceedings.	city State Z  commental Information  effinitions apply: state, or local statute or regulation of the commental into the air, land, soil, soiling the cleanup of these substance perty as defined under any environmize it, including disposal sites.  environmental law defines as a hazent, contaminant, or similar term.  lags that you know about, regardless	concerning pollution, contamination, release surface water, groundwater, or other meditions, wastes, or material.  The mental law, whether you now own, operate waste, hazardous substance, toxic sof when they occurred.	ses of am,
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or the Envi haza inclu Site utiliz Haza subs eport	City  City	10, the following disease any federal, substances, wastes regulations controlling, facility, or prown, operate, or util means anything and is material, pollutal ises, and proceeding all unit notified you	efinitions apply: state, or local statute or regulation of, or material into the air, land, soil, soiling the cleanup of these substance perty as defined under any environmize it, including disposal sites. environmental law defines as a hazent, contaminant, or similar term. ags that you know about, regardless that you may be liable or potentially	concerning pollution, contamination, releas surface water, groundwater, or other medic ces, wastes, or material. mental law, whether you now own, operate zardous waste, hazardous substance, toxic s of when they occurred. y liable under or in violation of an environn	ses of im, or
Envi	City  City	10, the following disease any federal, substances, wastes regulations controlling, facility, or prown, operate, or util means anything and is material, pollutal ises, and proceeding all unit notified you	city State Z  commental Information  effinitions apply: state, or local statute or regulation of the commental into the air, land, soil, soiling the cleanup of these substance perty as defined under any environmize it, including disposal sites.  environmental law defines as a hazent, contaminant, or similar term.  lags that you know about, regardless	concerning pollution, contamination, release surface water, groundwater, or other meditions, wastes, or material.  The mental law, whether you now own, operate waste, hazardous substance, toxic sof when they occurred.	ses of am,
or the Envi haza inclu Site utiliz Haza subs eport	City  City	10, the following disease any federal, substances, wastes regulations controlling, facility, or prown, operate, or util means anything and is material, pollutal ises, and proceeding all unit notified you	efinitions apply: state, or local statute or regulation of, or material into the air, land, soil, soiling the cleanup of these substance perty as defined under any environmize it, including disposal sites. environmental law defines as a hazent, contaminant, or similar term. ags that you know about, regardless that you may be liable or potentially	concerning pollution, contamination, releas surface water, groundwater, or other medic ces, wastes, or material. mental law, whether you now own, operate zardous waste, hazardous substance, toxic s of when they occurred. y liable under or in violation of an environn	ses of im, or
or the Environment haza inclu Site utilia Haza substeport 4. Has	City  City	10, the following disease any federal, substances, wastes regulations controlling, facility, or prown, operate, or util means anything and is material, pollutal ises, and proceeding all unit notified you	efinitions apply: state, or local statute or regulation of, or material into the air, land, soil, soiling the cleanup of these substance perty as defined under any environmize it, including disposal sites. environmental law defines as a hazent, contaminant, or similar term. ags that you know about, regardless that you may be liable or potentially	concerning pollution, contamination, releas surface water, groundwater, or other medic ces, wastes, or material. mental law, whether you now own, operate zardous waste, hazardous substance, toxic s of when they occurred. y liable under or in violation of an environn	ses of im, or
or the Environment haza inclu Site utiliz Haza substeport 4. Has	City  City	10, the following disease any federal, substances, wastes regulations controlling, facility, or prown, operate, or util means anything and is material, pollutal ises, and proceeding all unit notified you	city State Z commental Information efinitions apply: state, or local statute or regulation of or material into the air, land, soil, soiling the cleanup of these substance perty as defined under any environmize it, including disposal sites. environmental law defines as a hazent, contaminant, or similar term. The state you know about, regardless that you may be liable or potentially governmental unit	concerning pollution, contamination, releas surface water, groundwater, or other medic ces, wastes, or material. mental law, whether you now own, operate zardous waste, hazardous substance, toxic s of when they occurred. y liable under or in violation of an environn	ses of im, or
or the Environment haza inclu Site utiliz Haza substeport 4. Has	City  City  Give Deta  purpose of Part  ironmental law mandous or toxic s  uding statutes or  means any local  ze it or used to o  ardous material istance, hazardou  all notices, relea  any governmenta  No  Yes. Fill in the de	10, the following disease any federal, substances, wastes regulations controlling, facility, or prown, operate, or util means anything and is material, pollutal ises, and proceeding all unit notified you	city State Z commental Information efinitions apply: state, or local statute or regulation of or material into the air, land, soil, soiling the cleanup of these substance perty as defined under any environmize it, including disposal sites. environmental law defines as a hazent, contaminant, or similar term. The state you know about, regardless that you may be liable or potentially governmental unit	concerning pollution, contamination, releas surface water, groundwater, or other medic ces, wastes, or material. mental law, whether you now own, operate zardous waste, hazardous substance, toxic s of when they occurred. y liable under or in violation of an environn	ses of im, or

btor 1	Victoria	Irene	Seaman	Case number (if known) 21-40066
	First Name	Middle Name	Last Name	
.Hav	e you notified a	ny governmental un	it of any release of hazardous	material?
V	No			
	Yes. Fill in the d	letails.	the state of the state of the state of	
			Governmental unit	Environmental law, if you know it Date of notice
	Name of site		Governmental unit	
	Number Street	<del></del>	Number Street	
	Number Offer		Number Sueet	
			City State ZIP (	Code
			<del></del> -	
14 40 47 h 47 h 47 h 48 h 48	City 	State ZIP Code	B. Sales (1964) 1967 1967 1967 1967 1967 1967 1968 1968 1968 1968 1968 1968 1968 1968	P 2000 - 10
. Hav	e you been a pa	rty in any judicial or	administrative proceeding un	der any environmental law? Include settlements and orders.
Z	No			
	Yes. Fill in the c	details.		and take the time to the strange of
			Court or agency	Nature of the case Status of the case
	0 441-		The state of the s	The state of the state of the contraction of the state of
	Case title		Court Name	Pending
				☐ On appeal
		-	Number Street	☐ Concluded
	Case number			
	Case number		City State	ZIP Code
art 1	4. Glyc Do	tollo Sheut Your	Business or Connections 1	o Any Bueinose
				ss or have any of the following connections to any business?
				ther activity, either full-time or part-time
			ompany (LLC) or limited liabili	
	A partner in	•		
	An officer, d	lirector, or managing	g executive of a corporation	·
	An owner of	f at least 5% of the v	oting or equity securities of a	corporation
	No. None of the	above applies. Go 1	o Part 12.	
	Yes. Check all t	hat apply above and	I fill in the details below for ea	ch business.
	Victoria Sea	man	Describe the nature of the	business Employer Identification number  Do not include Social Security number or ITIN
	Business Name	· · · · · · · · · · · · · · · · · · ·	DBA Guardian Risk Manageme	
	7504 S Kent	ton Lane	Consulting	EIN: <u>8 3 -1 9 5 5 4 7 1</u>
	Number Street		Name of accountant or boo	okkeeper Datés business existed
			Allerton and the Property and a series of the Property of the	The state of the s
	Sioux Falls	SD 5710	Victoria Seaman	From 09/13/2018 To Present
	City	State ZIP Code		to the second
			Describe the nature of the	business Employer Identification number  Do not include Social Security number or ITIN.
	Business Name			here the state of
				EIN:
	Number Street		Name of accountant or boo	Datés business existed
				the passing the form the Section and the section of
				From To
	City	State ZIP Cod	<del>-</del>	

RE: Victoria Irene Seaman

United States Bankruptcy Court for the District of South Dakota

**Case Number 21-40066** 

Overflow - Statement of Financial Affairs for Individuals Filing for Bankruptcy - Official Form 107

Case title: <u>Discover Bank vs. Victoria Seaman</u>

Case number: <u>279875-154</u>

Nature of case: Debt collection action

Court name: Lincoln County

Address: 104 North Main Street, Canton, SD 57013

Status of the case: Pending

Case title: Portfolio Recovery Associates, LLC vs. Victoria Seaman

Case number: <u>41CIV21-000049</u>

Nature of case: Debt collection action

Court name: Lincoln County

Address: 104 North Main Street, Canton, SD 57013

Status of the case: Pending

---END--

Business Name  Number Street  Name of accountant or bookkeeper	Employer Identification number  Do not include Social Security number or ITIN.  EIN:  Dates business existed
Business Name	Do not include Social Security number of ITIN.
Number Street	
Number Street Name of accountant or bookkeeper	Dates business existed
	<u> </u>
	From To
City State ZIP Code	
28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone	a shout your husiness? Include all financial
institutions, creditors, or other parties.	e apout your pushiess: morate an imanetal
Ø No	
☐ Yes. Fill in the details below.	
Date Issued	
<del></del>	
Name MM / DD / YYYY	
Number Street	
City State ZIP Code	
•	
Part 12: Sign Below	
I have read the answers on this Statement of Financial Affairs and any attachments, and I answers are true and correct. I understand that making a false statement, concealing pro in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment 18 U.S.C. §§ 152, 1341, 1519, and 3571.	perty, or obtaining money or property by fraud
*\6\.\ \C_==	
Signature of Debtor 1 Signature of Debtor 2	
Signature of Deptor 1	
Date <u>04 05 20</u> 21 Date	
Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filin	ng for Bankruptcy (Official Form 107)?
□ No ☑ Yes	
Did you pay or agree to pay someone who is not an attorney to help you fill out bankrupto	cy forms?
☑ No	No de the Control of
☐ Yes. Name of person All	ttach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Debtor 1	Victoria	Irene	Seaman	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing	First Name	Middle Name	Last Name	
n in a super-				200
United States		or the: District of South I		~

Check one box only as directed in this form and in Form 122A-1Supp:	n
1. There is no presumption of abuse.	
2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A–2).	
3. The Means Test does not apply now because of qualified military service but it could apply later.	f

☐ Check if this is an amended filing

## Official Form 122A-1

# **Chapter 7 Statement of Your Current Monthly Income**

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

	ot have primarily consumer debts or because of qualified Under § 707(b)(2) (Official Form 122A-1Supp) with the	fying military service, complete		
Pa	art 1: Calculate Your Current Monthly Income	е		•
1.	What is your marital and filing status? Check one only Not married. Fill out Column A, lines 2-11.	у.		APR 0 5 2021
	☐ Married and your spouse is filing with you. Fill ou	ut both Columns A and B, lines 2	<u>-11.</u>	CLERK
	☐ Married and your spouse is NOT filing with you.	You and your spouse are:		U.S. BANKRUPTCY COURT DISTRICT OF SOUTH DAKOTA
	☐ Living in the same household and are not le	gally separated. Fill out both C	olumns A and B, lines	2-11.
	Living separately or are legally separated. Fi under penalty of perjury that you and your spou spouse are living apart for reasons that do not in	use are legally separated under r	nonbankruptcy law the	at applies or that you and your
	Fill in the average monthly income that you received bankruptcy case. 11 U.S.C. § 101(10A). For example, august 31. If the amount of your monthly income varied Fill in the result. Do not include any income amount monincome from that property in one column only. If you have	if you are filing on September 15 during the 6 months, add the inc than once. For example, if both	5, the 6-month period come for all 6 months h spouses own the sa	would be March 1 through and divide the total by 6. ame rental property, put the
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, a (before all payroll deductions).	and commissions	\$0.00	\$
3.	Alimony and maintenance payments. Do not include a Column B is filled in.	payments from a spouse if	\$0.00	\$
4.	All amounts from any source which are regularly pair of you or your dependents, including child support. from an unmarried partner, members of your household, and roommates. Include regular contributions from a spofilled in. Do not include payments you listed on line 3.	Include regular contributions , your dependents, parents,	\$ <u>4,000.0</u> 0	\$
5.	Net income from operating a business, profession, or farm Gross receipts (before all deductions)	Debtor 1 Debtor 2 \$566.00 \$		
	Ordinary and necessary operating expenses	- \$269.00- \$		
	Net monthly income from a business, profession, or farm	Conv	<b>→</b> \$ 297.00	\$
6.	Net income from rental and other real property Gross receipts (before all deductions)	Debtor 1 Debtor 2 \$0.00 \$		
	Ordinary and necessary operating expenses	- \$ <u>0.00</u> - \$		
	Net monthly income from rental or other real property	\$ 0.00 \$ Copy		\$
7.	Interest, dividends, and royalties		\$0.00	\$

otor 1 Victoria Irene Seaman First Name Middle Name Last Name	Case number (# known) 21-40066
	Column A Column B Debtor 1 Debtor 2 or non-filing spouse
. Unemployment compensation	§ 367.00 <sub>\$</sub>
Do not enter the amount if you contend that the amount received was a benefit	
under the Social Security Act. Instead, list it here:	
For your spouse	
Pension or retirement income. Do not include any amount received that was benefit under the Social Security Act. Also, except as stated in the next sentem not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury disability, or death of a member of the uniformed services. If you received any pay paid under chapter 61 of title 10, then include that pay only to the extent the does not exceed the amount of retired pay to which you would otherwise be en retired under any provision of title 10 other than chapter 61 of that title.	ce, do or etired at ît
O. Income from all other sources not listed above. Specify the source and amonot include any benefits received under the Social Security Act; payments mad the Federal law relating to the national emergency declared by the President un National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronar disease 2019 (COVID-19); payments received as a victim of a war crime, a crimagainst humanity, or international or domestic terrorism; or compensation, penspay, annuity, or allowance paid by the United States Government in connection disability, combat-related injury or disability, or death of a member of the uniforms services. If necessary, list other sources on a separate page and put the total between the context of the sources.	e under nder the rirus ne ion, with a ned elow.
	\$ <u> </u>
<del></del>	\$ <u>0.00</u> \$
Total amounts from separate pages, if any.	+ \$
Calculate your total current monthly income. Add lines 2 through 10 for eac column. Then add the total for Column A to the total for Column B.  Part 2: Determine Whether the Means Test Applies to You	\$_4,664.00 + \$ = \$_4,664.0 Total current monthly Income
2. Calculate your current monthly income for the year. Follow these steps:	
12a. Copy your total current monthly income from line 11	Copy line 11 here → \$ 4,664.00
Multiply by 12 (the number of months in a year).	x 12
12b. The result is your annual income for this part of the form.	12b. \$ <u>55,968.0</u> 0
Calculate the median family income that applies to you. Follow these steps	: 7
Fill in the state in which you live.	
Fill in the number of people in your household.	
Fill in the median family income for your state and size of household	
To find a list of applicable median income amounts, go online using the link spe instructions for this form. This list may also be available at the bankruptcy clerk	
4. How do the lines compare?	
14a. Line 12b is less than or equal to line 13. On the top of page 1, check be Go to Part 3. Do NOT fill out or file Official Form 122A-2	ox 1, There is no presumption of abuse.
14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The</i> Go to Part 3 and fill out Form 122A-2.	presumption of abuse is determined by Form 122A-2.

Debtor 1	Victoria First Name	Middle Name	Last Name	Seaman	Case number (# known) 21-40066
Part 3:	Sign Beld	ow		<u>.</u>	
	By signing h	nere, I declare un	der penalty	of perjury that th	e information on this statement and in any attachments is true and correct.
	* /10	Amin S	\		<b>x</b>
	Signature	of Debtor 1			Signature of Debtor 2
	Date <u>O</u> L	1/05/2021	ı		Date MM / DD / YYYY
	If you ch	ecked line 14a, d	lo NOT fill o	ut or file Form 12	22A-2.
	lf you ch	ecked line 14b, fi	l out Form	122A-2 and file i	it with this form.

RECEIVED/FILED

Debtor 1	Victoria	Irene	Seaman		
	First Name	Middle Name		Last Name	
Debtor 2					
(Spouse, if filing)	First Name	Middle Name		Last Name	
United States I	Bankruptcy Cour	for the: District of So	outh Dakota		•

APR 0.5 2021

CLERK
U.S. BANKRUPTCY COURT
DISTRICT OF SOUTH DAKOTA

☐ Check if this is an amended filing

12/15

#### Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### **List Your Creditors Who Have Secured Claims** 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that Did you claim the property as exempt on Schedule C? secures a debt? Creditor's ☐ Surrender the property. ☐ No name: ☐ Retain the property and redeem it. ☐ Yes Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: \_ Creditor's □ Surrender the property. ☐ No name: Retain the property and redeem it. ☐ Yes Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: Creditor's ☐ No Surrender the property. name: Retain the property and redeem it. ☐ Yes Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: ☐ Retain the property and [explain]: \_ Creditor's ☐ Surrender the property. ☐ No name: Retain the property and redeem it. ☐ Yes Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: ☐ Retain the property and [explain]: \_

Victoria Irene Seaman Case number (If known) 21-40066 Debtor 1 **List Your Unexpired Personal Property Leases** Part 2: For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: ☐ No Yes Description of leased property: Lessor's name: □ No Yes Description of leased property: Lessor's name: No 🛄 ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: □ No Yes Description of leased property: Lessor's name: □ No ☐ Yes Description of leased property: Lessor's name: □ No ☐ Yes Description of leased property: Sign Below Part 3: Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. Signature of Debtor 2 Date MM / DD / YYYY